



Board of Appeals: Interpretation Appeal

Business and Development Services
PO BOX 249
5 EAST BUTLER ROAD
MAULDIN SC 29662
Contact: Paula Foltz
864.234-3484 or 864.234.3475
pfoltz@mauldincitysc.com

Application Submittal Date: _____

Requested Public Hearing Date: _____

The following information is required to be submitted prior to review by City Staff for placement on the Board of Appeals agenda:

- 1. Completed appeal application form including reference to the specific sections of the ordinance being appealed.
- 2. If applicable, a notarized letter from the property owner stating that the Petitioner has permission to appeal to the Board on his or her behalf.
- 3. Any available information to be presented as an exhibit at the appeal hearing or other attachments should be submitted to the Board Secretary at the time of application
- 4. If applicable to your appeal, Nine (9), 11x17 plans and (1) 24 x 36 sets of the site plan and other information as needed to support the appeal.
- 5. **Filing Fee: \$100 (non-refundable)**
- 7. Pre-application conference with Business and Development Services
With whom: _____

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Property Information

If applicable to your appeal, then please provide the following property information.

Property Address/Location: _____

Tax Map: _____ **Zoning:** _____

Existing Use of Property: _____ Proposed Use: _____

Title to this property is in the name of: (Furnish current address/please print legibly)

Property Owner: _____

Owner's Address: _____

(Property Owner's Signature)

(Business Name or Petitioner if other than Property Owner)

(Petitioner's Address)

(Agent's Name)

(Agent's Address)

Phone Number / Email

Phone Number / Email

I, _____ hereby appeal to the Building and Zoning Board of Appeals the following decision made of the City of Mauldin:

Relevant Code Reference(s): _____

Who rendered the decision? _____

Date of the decision: _____ Date that you received the decision: _____

1. Briefly describe what the decision prevents you from doing.

2. How do you think that the ordinance should be interpreted?

3. What section(s) of the ordinance supports your interpretation?

4. Why do you feel that your interpretation is correct?

5. Why do you feel the City's interpretation is wrong?

6. Other comments/information that you would like to have considered.

I, hereby certify that all of the information provided in this application and plans submittal is true and accurate to the best of my knowledge.

DATE

PETITIONER'S SIGNATURE

PETITIONER'S NAME (PLEASE PRINT) _____